

CIVIL DIVISION
90 W. Broad Street
Columbus, Ohio 43215-9013
614-645-7385
Fax: 614-645-6949

CLAIMS DIVISION
90 W. Broad Street
Columbus, Ohio 43215-9013
614-645-7717
Fax: 614-645-2291



RICHARD C. PFEIFFER, JR.
CITY ATTORNEY
COLUMBUS, OHIO

PROSECUTOR DIVISION
375 S. High Street
Columbus, Ohio 43215-4530
614-645-7483
Fax: 614-645-8902

REAL ESTATE DIVISION
109 N. Front Street
Columbus, Ohio
614-645-7712
Fax: 614-645-3913

If you desire to file a claim against the City of Columbus, Please consider the following information.

The Ohio Revised Code (Chapter 2744) defines the method of handling claims against political subdivisions. Under Ohio Law, political subdivisions are not liable in many types of cases. However, the City can be liable for claims involving motor vehicle accidents (except for emergency runs) problems with streets, sidewalks, public buildings and grounds, and propriety functions. The law of sovereign immunity is complicated. If you are not sure whether the City is liable for your claim, Please submit your information to the City Attorney's Office or the Department in question.

Even if the City of Columbus is liable for your claim, *Ohio Revised Code Section 2744.05* defines limitations on damages awarded. If a claimant receives or is entitled to receive benefits (for injuries or loss allegedly incurred) from a policy or policies of insurance, that amount will be deducted from any award the political subdivision may consider paying. This means that even if the City is at fault, you must file a claim with your own insurance company ***first*** for property or medical damages before you file with the City. The City would then be responsible for such items as your deductible.

The Ohio Revised Code, 2744.05, states that no insurer or other person is entitled to bring an action under a subrogation provision of insurance or other contract against a political subdivision with respect to those benefits.

If you wish to file a claim against the City of Columbus for property damage or personal injury, please follow this procedure:

- 1) Submit a claim to your own insurance company. **This is necessary under Ohio Law.** (If damage is less than deductible, there is no need to submit to insurance). Deductible page is still required when filing the claim.
- 2) If your total claim is for less than \$2,500.00, (after submitting the claim to your insurance company) you should submit your claim directly to the City Division / Department involved. If you are unaware of which City Division / Department was involved or how you can contact them, you can call the City Attorney's Office at 614-645-7717.

If the amount of your claim is over \$2,500.00, you must submit your claim to:

**City Attorney's Office
Claims Division
90 W. Broad Street, Room 200
Columbus, Ohio 43215
Attn: Leslie K. Chappelle**

If your claim is for more than \$2,500.00 *and* you have already communicated with the Division / Department involved, you should send your claim to that Division / Department unless requested not to do so. That Division / Department will then forward their claim information along with *your* claim information to the City Attorney's Office.

3) Your claim should include:

- A) Information indicating a filing of a claim with your insurance company including the amount of the claim, name of the insurance company, and adjuster, and the amount paid by the insurance company. Also, provide evidence as to the amount of your deductible by sending a copy of the declarations page of your policy.
- B) A written statement supporting the claim for which you are seeking recovery, including date, location, persons and property involved.
- C) Documentation of your claim:
- D) If you do not have medical, vehicle, or property damage insurance, you **must** fill out an affidavit form stating that you do not have coverage.
 - a) Certificate of Title showing ownership of the vehicle.
 - b) If medical expenses are being claimed you will need to send copies of the bills to us after they have been submitted to your health insurance company or your automobile insurance company (under the medical portion of your policy) detailing what was covered by your insurance and how much the outstanding balance is.
 - c) If property damage is a vehicle, send a copy of the declaration page (showing the deductible amount and your total coverage) from your insurance company. If you only have liability insurance coverage you will need to submit (2) repair estimates with your claim.
 - d) Evidence of any other amounts you are claiming. (Include all receipts).
 - e) Names of persons you have communicated with regarding this claim.

Once information on a claim is received, an investigation will begin to determine if the City is liable. All of the above information is necessary to start the investigation.

Please submit insurance information and your statement of the claim immediately. A written statement for the total amount of the claim must be provided.

If the City is liable, the City will write you a check, not an insurance company. That process may take 4 to 6 weeks. You will be asked to sign a Release and Agreement, you then need to return it to the City Attorney's Office, Claims Division.

Date: _____

Name: _____

Address: _____

Claim No. _____

INSTRUCTIONS IF CLAIM IS UNDER \$2,500.00

*Please find attached our claims package and instructions on filing a claim with the City of Columbus; please read the instructions carefully, incomplete claims will automatically be rejected. The claimant needs to submit a statement describing the accident and/or injury for which he is filing a claim. Please remember that the claimant's statement **must** be notarized. In addition, Ohio Revised Code 2744.05 requires that anyone filing a claim against a municipality first file for, and exhaust, any insurance coverage that may be available to them such as Health (personal or employment), Auto, Workers Compensation, Medicare or Medicaid. If the claimant does not have insurance, the affidavit enclosed **must** be completed. **Return completed claim package to:***

CITY OF COLUMBUS
DEPARTMENT OF PUBLIC UTILITIES
CLAIMS SECTION – 3Rd Floor
910 DUBLIN ROAD
COLUMBUS, OHIO 43215

Should you have any questions, please call Mr. Art Slate, Claims Investigator at (614) 645-7842 and reference your claim number.

Thank you,

Department of Public Utilities
Claims Section

**CITY OF COLUMBUS DEPT. OF PUBLIC UTILITIES
CLAIMS SECTION**

910 Dublin Road
Columbus, Ohio 43215

PERSONAL INJURY CLAIMANT STATEMENT

PLEASE PRINT

Claimant's Name: _____ S.S.# _____

Address: Street _____ City / Zip _____

Phone: (Work) _____ (Home) _____

Date of Incident: _____ Time of Incident: _____ am/pm

Police Report Taken: ☐ Yes ☐ No If no, Why: _____

Witness(es) (if available)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Accident Location: _____

Claimants Statement: (Be Specific. Use Reverse Side if Necessary)

Claimant's Signature: _____ Date: _____

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

SWORN TO BEFORE ME and subscribed in my presence the _____ day of

_____, _____ 20__

NOTARY
PUBLIC, STATE OF OHIO

**CITY OF COLUMBUS DEPT. OF PUBLIC UTILITIES
CLAIMS SECTION**

910 Dublin Road
Columbus, Ohio 43215

VEHICLE DAMAGE CLAIMANT STATEMENT

PLEASE PRINT

Claimants Name: _____ S.S. # _____

Address: _____

Phone: (Day) _____ (Home) _____

Date of Incident: _____ (Time) _____ am/pm

Police Report: ☐ Yes ☐ No **If No, Why?** _____

Accident Location: _____

Two (2) Repair Estimates: \$ _____ \$ _____

Witness(es) (if available)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Claimants Statement: *(use reverse side if necessary, be specific and include as much information as possible):* _____

Claimants Signature: _____ Date: _____

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

SWORN TO BEFORE ME and subscribed in my presence the _____ day of

_____, _____ 20__

NOTARY
PUBLIC, STATE OF OHIO

**CITY OF COLUMBUS DEPT. OF PUBLIC UTILITIES
CLAIMS SECTION**

910 Dublin Road
Columbus, Ohio 43215

PROPERTY DAMAGE CLAIMANT STATEMENT

PLEASE PRINT:

Claimant's Name: _____ SS#: _____

Address: _____

Phone: (Work) _____ (Home) _____

Date of Incident: _____ Time: _____ AM/PM

Claimant's Statement: (be specific – use backside if necessary)

STATE OF OHIO,
COUNTY OF FRANKLIN, SS:

SWORN TO BEFORE ME and subscribed in my presence the _____ day of

_____, _____ 20__

NOTARY
PUBLIC, STATE OF OHIO

AFFIDAVIT

STATE OF OHIO

COUNTY OF FRANKLIN

I, _____, do state that I reside at _____

_____ and swear and affirm that I have

NO ☐ Medical ☐ Auto ☐ Home Owners ☐ Renters ☐ Self Insured

(☒ mark all that apply)

NOTE* Auto insurance policies have medical coverage limits if you have an injury that is a result of an auto accident and the auto policy has medical coverage, you must submit to the insurance company.

Insurance coverage that will pay all or part of the personal injuries and/or damages that are the subject of this claim. The date of my injuries and/or damages were on the

_____ Day of _____ 20____, and are

I further state that I am not entitled to receive additional reimbursement for these injuries and /or damages from any other source other than the City of Columbus and that claims arising from these injuries and/or damages are a result of this incident.

SWORN TO BEFORE ME and subscribed in my presence this _____ day of

_____, 20 ____.

NOTARY PUBLIC, STATE OF OHIO